ISLANDHEALTH
L'Aumone – St Sampson's – Town

Accredited by CHKS Insight for better healthcare

# Subject Access Request for Medical Records

**Patient Name……**

**Date of Birth……**

**Guernsey Address……..**

**……Post Code…….**

**Contact Telephone Number……**

**Email Address……..**

**Name of Doctor……**

**Patient of: St Sampson's / L'Aumone / Frances House** (delete as appropriate)

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*Please tick box as applicable*

I would like to request a copy of my full medical records ☐

I would like to request a copy of my partial medical records ☐

(Partial records) dated from…….…….. until……..…..……

***Please note IslandHealth has 30 days from the date we receive your request in which to complete your medical record request.***
***IslandHealth does not take responsibility for this copy of your medical records after they have been collected from the surgery.***

**Signed……. (Patient)**

**Print Name……**

**Date…….**

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For Office use only: - **Must be completed by staff member receiving the form**

Date Received…… Received by……(PLEASE PRINT NAME)

Scanned……